

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | cityofls.net

## **RECEIPT OF PAYMENT**

Receipt Number:	2017030530
Receipt Date:	10/10/2017
Date Paid:	10/10/2017
Payment Method:	Check,
Check Number:	6266,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT EYE CENTER LLC, Address:1741 NE DOUGLAS ST, Unit 100, Phone:(816) 246-2111

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800151093	\$50.00